

ALIEN OWNERSHIP

29. Is the applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
30. Is the applicant an alien or the representative of an alien?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
31. Is the applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
32. Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as Exhibit C an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.		

BASIC QUALIFICATIONS

35. Does the applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as Exhibit D, copies of the requests for waivers or exceptions with supporting documents.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
36. Has the applicant or any party to this application had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as Exhibit E, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
37. Has the applicant, or any party to this application, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the proceeding two items? See Exhibit 1	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
40. By checking Yes, the undersigned certifies, that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

41. Description. (Summarize the nature of the application and the services to be provided).	
<p>This application seeks Commission consent to a transfer of control of the Part 25 licenses held by the licensee from GTE Corporation (the licensee's ultimate parent) to Bell Atlantic Corporation, in connection with the merger between GTE and Bell Atlantic. Licensee will continue to provide the same services it currently is authorized to provide. See the cover application and Exhibit A, Public Interest Statement, for additional information concerning the proposed merger.</p>	

CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

42. Applicant is a (an): (Place an "X" in the box next to applicable response.)

☐ a. Individual ☐ b. Unincorporated Association ☐ c. Partnership ☒ d. Corporation ☐ e. Governmental Entity ☐ f. Other
(Please specify) _____

43. Typed Name of Person Signing

James R. Young

44. Title of Person Signing

Exec. Vice President & General Counsel

45. Signature

46. Date

10/1/98

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

FEDERAL COMMUNICATIONS COMMISSION

FCC 312 - Schedule A

(Place an "X" in one of the blocks below)

☒ **CONSENT TO TRANSFER OF CONTROL**

☐ **CONSENT TO ASSIGNMENT OF LICENSE**

☐ **NOTIFICATION OF TRANSFER OF CONTROL
OF RECEIVE ONLY REGISTRATION**

☐ **NOTIFICATION OF ASSIGNMENT
OF RECEIVE ONLY REGISTRATION**

A1. Name of Licensee or Registrant

GTE Pacifica Incorporated

A2. Voice Telephone Number

202-463-5295

A3. Mailing Street Address or P.O. Box

c/o GTE Service Corporation, 1850 M Street, NW, Suite 1200

ATTENTION: Suzanne Carmel

A4. Fax Telephone Number

202-463-5239

A5. City

Washington

A6. State / Country (if not U.S.A.)

DC

A7. Zip Code

20036

A8. List Call Sign(s) of station(s) being assigned or transferred

KA256, KA34

A9. No. of station(s)
listed

1, 1

A10. Name of Transferor/Assignor (if different than licensee or registrant)

GTE Corporation

A15. Name of Transferee/Assignee

Bell Atlantic Corporation

A11. Mailing Street Address or P.O. Box

1255 Corporate Drive, P.O. Box 152257

A16. Mailing Street Address or P.O. Box

1095 Avenue of the Americas

A12. City

Irving

A13. State/Country

TX

A14. Zip Code

75015

A17. City

New York

A18. State/Country

NY

A19. Zip Code

10036

A20. If these facilities are licensed, is the transferee/assignee directly or indirectly controlled by any other entity?

If Yes, attach as Exhibit F, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties; and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.

☐ YES

☒ NO

A21. If these facilities are licensed, attach as Exhibit G, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.

See Exhibit A, Public Interest Statement, to cover application **CERTIFICATION**

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinent to Schedule A and all statements made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.

2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.

A22. Printed Name of Licensee (Must agree with A1)

GTE Pacifica Incorporated

A23. Signature

A24. Title (Office Held by Person Signing)

Authorized Representative

A25. Date

9/30/98

A26. Printed Name of License Transferor/Assignor
(If different than licensee. Must agree with A10)

GTE Corporation

A27. Signature

A28. Title (Office Held by Person Signing)

Exec. Vice President & Gen. Counsel

A29. Date

9/30/98

A30. Printed Name of License Transferee/Assignee
(Must agree with A15)

Bell Atlantic Corporation

A31. Signature

A32. Title (Office Held by Person Signing)

Exec. Vice President & Gen. Counsel

A33. Date

10/1/98

FCC 312 - Schedule A

April, 1997

PENDING PROCEEDINGS

Response to Item 39:

New England Mobile Communications, Inc., d/b/a Kartele Cellular Phones ("Kartele") v. Bell Atlantic NYNEX Mobile, Inc., ("BANM") and Metro Mobile CTS of Fairfield County, Inc. ("Metro Mobile") (Superior Court of Connecticut) Kartele, a former agent, alleges defendant "improperly terminated" the agency agreement and violated the Connecticut Unfair Trade Practices Act by engaging in below-cost pricing in its own retail stores. Defendants' motion to revise has been granted in part, and denied in part; defendants will file a motion to dismiss.

Cellular Systems of Newberry, Inc., v. Cellco Partnership d/b/a Bell Atlantic Mobile (U.S. District Court for the District of South Carolina) Plaintiff alleges that defendant failed to pay commissions due under the agency agreement; and wrongfully terminated the agency agreement, thereby committing breach of contract and violating South Carolina fair trade statutes. This matter was removed to Federal Court. BAM has moved for summary judgment on the unfair trade practices claims.

Road Music and More (Cellular), Inc. ("Road Music") v. Metro Mobile CTS of Greenville, Inc. and Bell Atlantic NYNEX Mobile, Inc. ("BANM") (Court of Common Pleas, Spartanburg County, South Carolina) Plaintiff alleges that Defendants breached the agency agreement and violated South Carolina fair trade practices statutes by engaging in below-cost pricing and other practices in order to obtain a competitive advantage. BAM has moved for summary judgment on all counts of the complaint.

Electronics Store, Inc., v. Cellco Partnership and Cedar Point Federal Credit Union (Circuit Court of St. Mary's County, Maryland) Plaintiff alleges that defendants committed antitrust violations under Maryland common law, common law breach of contract and tortious interference with contract. Summary judgment was granted in favor of defendants on July 13, 1998 and plaintiff's appeal is pending.

USA Wireless, Inc., v. Bell Atlantic NYNEX Mobile, Inc. (Massachusetts Superior Court) Plaintiff, a former BAM agent that terminated the agency agreement upon selling the business, alleges that BAM breached the agreement and violated Massachusetts fair trade statutes by refusing to provide an accounting and payment of commission due to plaintiff. BAM is preparing to file an answer and counter claims against plaintiff.

In Re Vermont RSA Limited Partnership (Vermont Environmental Board): While the following case is not reportable under the question, it is being disclosed for information purposes. In July 1998, the Board granted a petition by the town of Sharon, Vermont, to revoke

a land use permit which had been granted to Vermont RSA Limited Partnership ("Partnership") for a new wireless communications tower. The managing partner of the Partnership is NYNEX Mobile Limited Partnership 1 ("NMLP1"), the managing partner of NMLP1 is Cellco Partnership of which BAM is the managing partner. The Board found that the Partnership had submitted inaccurate, erroneous and materially incomplete information in connection with the permit application and that it may have been negligent, but that the Partnership's actions were not willful or grossly negligent. The Board offered the Partnership the opportunity to amend its permit application or take other corrective action. The Partnership is considering an appeal or petition for reconsideration of the Board's decision.



**READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING**

Electronic Fee Audit Code
167552282731504
(1) LOCKBOX # 358160

FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

PAGE NO. 1 OF 1

APPROVED BY OMB 3060-0589

SPECIAL USE

FCC USE ONLY
Earth Station

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

GTE Service Corporation

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 515.00

(4) STREET ADDRESS LINE NO. 1

1850 M Street, NW, Suite 1200

(5) STREET ADDRESS LINE NO. 2

(6) CITY

Washington

(7) STATE

DC

(8) ZIP CODE

20036

(9) DAYTIME TELEPHONE NUMBER (Include area code)

202-463-5295

(10) COUNTRY CODE (if not in U.S.A.)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

Bell Atlantic Corporation

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

1095 Avenue of the Americas

(14) CITY

New York

(15) STATE

NY

(16) ZIP CODE

10036

(17) DAYTIME TELEPHONE NUMBER (Include area code)

212-395-2121

(18) COUNTRY CODE (if not in U.S.A.)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

KA278

(20A) PAYMENT TYPE CODE (PTC)

C N X

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 385.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

KA279

(20B) PAYMENT TYPE CODE (PTC)

C F X

(21B) QUANTITY

1

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$ 130.00

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAX INFORMATION

(25)

PAYER TIN

0 1 3 1 6 7 5 5 2 2

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

0 2 3 2 2 5 9 8 8 4

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, _____, Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE _____

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

MASTERCARD

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE

FCC 312**Main Form****FEDERAL COMMUNICATIONS COMMISSION****APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS**Approved by OMB
3060-0678Est. Avg. Burden Hours
Per Response: 10 Hrs.**PAYOR AND FILING FEE INFORMATION**

a. Payor Name GTE Service Corporation				b. Daytime Telephone Number 202-463-5295	
c. Mailing Street Address or P.O. Box 1850 M Street, NW, Suite 1200				d. FCC Account Number 131675522	
e. City Washington		f. State DC	g. Zip Code 20036		h. Country Code (if not U.S.A.)
i. Payment Type Code CNX	j. Quantity 1	k. Fee Due for Payment Type Code in (i) 385.00	l. Total Amount Paid 515.00		
CFX	1	130.00			

APPLICANT INFORMATION

1. Legal Name of Applicant Bell Atlantic Corporation		2. Voice Telephone Number 212-395-2121	
3. Other Name Used for Doing Business (if any)		4. Fax Telephone Number 212-597-2587	
5. Mailing Street Address or P.O. Box 1095 Avenue of the Americas ATTENTION:		6. City New York	
		7. State / Country (if not U.S.A.) NY	8. Zip Code 10036
9. Name of Contact Representative (If other than applicant) Don Brittingham		10. Voice Telephone Number 202-336-7873	
11. Firm or Company Name Bell Atlantic		12. Fax Telephone Number 202-336-7920	
13. Mailing Street Address or P.O. Box 1300 I Street, N.W., Suite 400W ATTENTION:		14. City Washington	
		15. State / Country (if not U.S.A.) DC	16. Zip Code 20005

CLASSIFICATION OF FILING

17. Place an "X" in the box next to the classification that applies to this filing for both questions a. and b. Mark only one box for 17a and only one box for 17b.			
<input checked="" type="checkbox"/> a1. Earth Station	<input type="checkbox"/> b1. Application for License of New Station	<input type="checkbox"/> b4. Modification of License or Registration	<input type="checkbox"/> b7. Notification of Minor Modification
<input type="checkbox"/> a2. Space Station	<input type="checkbox"/> b2. Application for Registration of New Domestic Receive-Only Station	<input type="checkbox"/> b5. Assignment of License or Registration	<input type="checkbox"/> b8. Other (Please Specify): _____
	<input type="checkbox"/> b3. Amendment to a Pending Application	<input checked="" type="checkbox"/> b6. Transfer of Control of License or Registration	
18. If this filing is in reference to an existing station, enter: Call sign of station: KA278, KA279		19. If this filing is an amendment to a pending application enter: (a) Date pending application was filed: _____ (b) File number of pending application: _____	

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Place an "X" in the box(es) next to all that apply.

- ☒ a. Fixed Satellite ☐ b. Mobile Satellite ☐ c. Radiodetermination Satellite ☐ d. Earth Exploration Satellite ☐ e. Other
(please specify) _____

21. STATUS: Place an "X" in the box next to the applicable status. Mark only one box.

- ☒ a. Common Carrier ☐ b. Non-Common Carrier

22. If earth station applicant, place an "X" in the box(es) next to all that apply.

- ☒ a. Using U.S. licensed satellites ☒ b. Using Non-U.S. licensed satellites

23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Mark only one box. Are these facilities:

- ☒ a. Connected to the Public Switched Network ☐ b. Not connected to the Public Switched Network

24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).

- ☒ a. C-Band (4/6 GHz) ☐ b. Ku-Band (12/14 GHz) ☐ c. Other (Please specify) _____

TYPE OF STATION

25. CLASS OF STATION: Place an "X" in the box next to the class of station that applies. Mark only one box.

- ☒ a. Fixed Earth Station ☐ b. Temporary-Fixed Earth Station ☐ c. 12/14 GHz VSAT Network ☐ d. Mobile Earth Station ☐ e. Space Station ☐ f. Other
If space station applicant, go to Question 27. Specify _____

26. TYPE OF EARTH STATION FACILITY Mark only one box.

- ☒ a. Transmit/Receive ☐ b. Transmit-Only ☐ c. Receive-Only

PURPOSE OF MODIFICATION OR AMENDMENT

27. The purpose of this proposed modification or amendment is to: Place an "X" in the box(es) next to all that apply.

- ☐ a – authorization to add new emission designator and related service
☐ b – authorization to change emission designator and related service
☐ c – authorization to increase EIRP and EIRP density
☐ d – authorization to replace antenna
☐ e – authorization to add antenna
☐ f – authorization to relocate fixed station
☐ g – authorization to change assigned frequency(ies)
☐ h – authorization to add Points of Communication (satellites & countries)
☐ i – authorization to change Points of Communication (satellites & countries)
☐ j – authorization for facilities for which environmental assessment and radiation hazard reporting is required
☐ k – Other (Please specify) _____

ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307?

If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.1308 and 1.1311, as Exhibit A to this application.

☐ YES

☒ NO

A Radiation Hazard Study must accompany all applications as Exhibit B for new transmitting facilities, major modifications, or major amendments. Refer to OET Bulletin 65.

ALIEN OWNERSHIP

29. Is the applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
30. Is the applicant an alien or the representative of an alien?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
31. Is the applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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41. Description. (Summarize the nature of the application and the services to be provided).

This application seeks Commission consent to a transfer of control of the Part 25 licenses held by the licensee from GTE Corporation (the licensee's ultimate parent) to Bell Atlantic Corporation, in connection with the merger between GTE and Bell Atlantic. Licensee will continue to provide the same services it currently is authorized to provide. See the cover application and Exhibit A, Public Interest Statement, for additional information concerning the proposed merger.

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☐ a. Individual ☐ b. Unincorporated Association ☐ c. Partnership ☒ d. Corporation ☐ e. Governmental Entity ☐ f. Other
(Please specify) _____

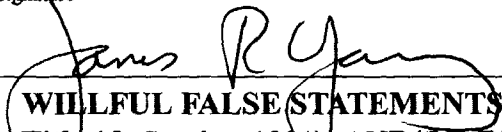
43. Typed Name of Person Signing

James R. Young

44. Title of Person Signing

Exec. Vice President & General Counsel

45. Signature



46. Date

10/1/98

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OF RECEIVE ONLY REGISTRATION**

☐ **NOTIFICATION OF ASSIGNMENT
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202-463-5295

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c/o GTE Service Corporation, 1850 M Street, NW, Suite 1200

A4. Fax Telephone Number

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ATTENTION: Suzanne Carmel

A5. City

Washington

A6. State / Country (if not U.S.A.)

DC

A7. Zip Code

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KA278, KA279

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Bell Atlantic Corporation

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1255 Corporate Drive, P.O. Box 152257

A16. Mailing Street Address or P.O. Box

1095 Avenue of the Americas

A12. City

Irving

A13. State/Country

TX

A14. Zip Code

75015

A17. City

New York

A18. State/Country

NY

A19. Zip Code

10036

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☐ YES

☒ NO

A21. If these facilities are licensed, attach as Exhibit G, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.

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A22. Printed Name of Licensee (Must agree with A1)

GTE Hawaiian Tel
International Incorporated

A23. Signature

A24. Title (Office Held by Person Signing)

Authorized Representative

A25. Date

9/30/98

A26. Printed Name of License Transferor/Assignor
(If different than licensee. Must agree with A10)

GTE Corporation

A27. Signature

A28. Title (Office Held by Person Signing)

Exec. Vice President & Gen. Counsel

A29. Date

9/30/98

A30. Printed Name of License Transferee/Assignee
(Must agree with A15)

Bell Atlantic Corporation

A31. Signature

A32. Title (Office Held by Person Signing)

Exec. Vice President & Gen. Counsel

A33. Date

10/1/98

PENDING PROCEEDINGS

Response to Item 39:

New England Mobile Communications, Inc., d/b/a Kartele Cellular Phones ("Kartele") v. Bell Atlantic NYNEX Mobile, Inc., ("BANM") and Metro Mobile CTS of Fairfield County, Inc. ("Metro Mobile") (Superior Court of Connecticut) Kartele, a former agent, alleges defendant "improperly terminated" the agency agreement and violated the Connecticut Unfair Trade Practices Act by engaging in below-cost pricing in its own retail stores. Defendants' motion to revise has been granted in part, and denied in part; defendants will file a motion to dismiss.

Cellular Systems of Newberry, Inc., v. Cellco Partnership d/b/a Bell Atlantic Mobile (U.S. District Court for the District of South Carolina) Plaintiff alleges that defendant failed to pay commissions due under the agency agreement; and wrongfully terminated the agency agreement, thereby committing breach of contract and violating South Carolina fair trade statutes. This matter was removed to Federal Court. BAM has moved for summary judgment on the unfair trade practices claims.

Road Music and More (Cellular), Inc. ("Road Music") v. Metro Mobile CTS of Greenville, Inc. and Bell Atlantic NYNEX Mobile, Inc. ("BANM") (Court of Common Pleas, Spartanburg County, South Carolina) Plaintiff alleges that Defendants breached the agency agreement and violated South Carolina fair trade practices statutes by engaging in below-cost pricing and other practices in order to obtain a competitive advantage. BAM has moved for summary judgment on all counts of the complaint.

Electronics Store, Inc., v. Cellco Partnership and Cedar Point Federal Credit Union (Circuit Court of St. Mary's County, Maryland) Plaintiff alleges that defendants committed antitrust violations under Maryland common law, common law breach of contract and tortious interference with contract. Summary judgment was granted in favor of defendants on July 13, 1998 and plaintiff's appeal is pending.

USA Wireless, Inc., v. Bell Atlantic NYNEX Mobile, Inc. (Massachusetts Superior Court) Plaintiff, a former BAM agent that terminated the agency agreement upon selling the business, alleges that BAM breached the agreement and violated Massachusetts fair trade statutes by refusing to provide an accounting and payment of commission due to plaintiff. BAM is preparing to file an answer and counter claims against plaintiff.

In Re Vermont RSA Limited Partnership (Vermont Environmental Board): While the following case is not reportable under the question, it is being disclosed for information purposes. In July 1998, the Board granted a petition by the town of Sharon, Vermont, to revoke

a land use permit which had been granted to Vermont RSA Limited Partnership ("Partnership") for a new wireless communications tower. The managing partner of the Partnership is NYNEX Mobile Limited Partnership 1 ("NMLP1"), the managing partner of NMLP1 is Celco Partnership of which BAM is the managing partner. The Board found that the Partnership had submitted inaccurate, erroneous and materially incomplete information in connection with the permit application and that it may have been negligent, but that the Partnership's actions were not willful or grossly negligent. The Board offered the Partnership the opportunity to amend its permit application or take other corrective action. The Partnership is considering an appeal or petition for reconsideration of the Board's decision.

**READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING**

Electronic Fee Audit Code
167552282731252
(1) LOCKBOX # 358205

FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

PAGE NO. 1 OF 1

APPROVED BY OMB 3060-0589

SPECIAL USE

FCC USE ONLY
Cable TV Relay

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

GTE Service Corporation

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 800.00

(4) STREET ADDRESS LINE NO. 1

1850 M Street, NW, Suite 1200

(5) STREET ADDRESS LINE NO. 2

(6) CITY

Washington

(7) STATE

DC

(8) ZIP CODE

20036

(9) DAYTIME TELEPHONE NUMBER (include area code)

202-463-5295

(10) COUNTRY CODE (if not in U.S.A.)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

Bell Atlantic Corporation

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

1095 Avenue of the Americas

(14) CITY

New York

(15) STATE

NY

(16) ZIP CODE

10036

(17) DAYTIME TELEPHONE NUMBER (include area code)

212-395-2121

(18) COUNTRY CODE (if not in U.S.A.)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

WLY474 et al.

(20A) PAYMENT TYPE CODE (PTC)

T I C

(21A) QUANTITY

4

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 200.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

\$

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

\$

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

0 1 3 1 6 7 5 5 2 2

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

0 2 3 2 2 5 9 8 8 4

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, _____, (PRINT NAME) Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE _____

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

MASTERCARD

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

MONTH YEAR

DATE

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554

Approved by OMB
3060-0055

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION

SCHEDULE A

Page 1 of 4

- 1.(a) Application for: ☐ License ☐ Renewal ☐ Assignment of License
(Check only one box) ☐ Modification ☐ Reinstatement ☒ Transfer of Control
☐ Amendment of Application

(b) Does this application refer to an existing station? ☒ YES ☐ NO If "YES," give call sign See Exhibit 1

(c) If this application is for a modification of a licensed station, check the box(es) for the appropriate description(s). Attach as Exhibit A-1 a complete explanation of the modification or proposed construction.

- ☐ Add Channel(s) ☐ Change Transmit Site ☐ Add Receive Site(s) ☐ Change Antenna System
☐ Delete Channel(s) ☐ Change Operating Power ☐ Delete Receive Site(s) ☐ Change Height of Antenna Structure
☐ Change Transmitter ☐ Change Receive Site(s) ☐ Change Height of Antenna
☐ Other (Specify)

2.(a) Indicate the name, mailing address, and telephone number of the applicant.

LEGAL NAME OF APPLICANT (If person, list last name first) Bell Atlantic Corporation				
CONTINUE NAME HERE IF NEEDED				
ASSUMED NAME USED FOR DOING BUSINESS (If any)				
MAILING STREET ADDRESS OR P.O. BOX 1095 Avenue of the Americas				
CITY New York	STATE NY	ZIP CODE 10036	AREA CODE 212	TELEPHONE NO. 395-2121

(b) Indicate Internal Revenue Service Employer Identification (E.I.) Number used by the applicant.
If the applicant has no E.I. Number, use Social Security Number.

E.I. NO. (OR SOC. SEC. NO.)
23-2259884

(c) Indicate the name, mailing address, and telephone number of person to contact, if other than applicant.

NAME OF CONTACT PERSON (Last name first) Brittingham, Don				
CONTINUE NAME HERE IF NEEDED				
FIRM OR COMPANY NAME Bell Atlantic				
MAILING STREET ADDRESS OR P.O. BOX 1300 I Street, N.W., Suite 400W				
CITY Washington	STATE DC	ZIP CODE 20005	AREA CODE 202	TELEPHONE NO. 336-7873

Attach as Exhibit A-2 the name, mailing address, and telephone number of each additional person who should be contacted, if any.

(d) Indicate the address where the station's records will be maintained.

STREET ADDRESS 600 Hidden Ridge				
CITY Irving	STATE TX	ZIP CODE 75028		

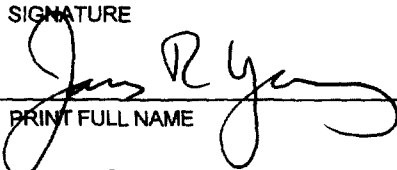
	YES	NO
3.(a) Will the applicant provide program material to cable television systems other than those which the applicant owns or operates?		X
If "YES," attach as Exhibit A-3 a copy of a written contract specifying that service will be provided on a non-profit, cost-sharing basis; or a copy of a written statement specifying that service will be provided without charge.		
(b) Will the applicant control the station equipment?	X	
(c) Will the applicant have unlimited access to the equipment?	X	
(d) Will effective measures be taken to prevent use of the equipment by unauthorized persons?	X	
(e) Has the applicant or any controlling party to this application had any FCC station license, permit, or authorization revoked?		X
If "YES," attach as Exhibit A-4 a statement identifying the license, permit, or authorization revoked and the circumstances relevant to the revocation.		
4. Attach as Exhibit A-5 a statement showing that the applicant is eligible, pursuant to Part 78 of the Rules, to be a licensee.		
5. Attach as Exhibit A-6 a map or drawing of appropriate detail showing the complete proposed relay system including points of interconnection, if any, with other cable television relay stations, common carrier stations, and/or other stations. The map or drawing should show the following: N/A		
(a) Direction of true north;		
(b) Location of transmitting site(s), the location of any intermediate relay station(s), passive repeater(s), and terminal receiving point(s);		
(c) Call sign(s) and licensee(s) of any station(s) to which applicant's proposed station will be interconnected;		
(d) Every path number for the station for which this application is filed.		
6. For a new station, new receive site, or change in azimuth, transmit antenna, power (increase only), or frequency of an existing station, attach as Exhibit A-7 a statement or showing detailing the results of a frequency coordination study performed pursuant to Section 78.36 of the FCC Rules by a technically qualified person or entity (e.g. local coordinating committees, frequency engineering firms, etc.). N/A		
7. Is the applicant, or any of its partners, members, or owners, a foreign government or the representative thereof?		

CERTIFICATION

All the statements made in the application and attached exhibits are considered material representations, and all the exhibits are a material part hereof and are incorporated herein as if set out in full in the application.

The applicant certifies that he has a current copy of the Commission's Rules governing the Cable Television Relay Service (CARS).

The applicant waives any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.

I CERTIFY that the statements in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.	SIGNATURE 	DATE 10/1/98
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.	PRINT FULL NAME James R. Young	
(Check appropriate classification)		
<input type="checkbox"/> INDIVIDUAL APPLICANT	<input type="checkbox"/> MEMBER OF APPLICANT PARTNERSHIP	<input checked="" type="checkbox"/> OFFICER OF APPLICANT CORPORATION
		<input type="checkbox"/> OFFICER OF APPLICANT ASSOCIATION
		<input type="checkbox"/> OFFICIAL OF APPLICANT GOVERNMENTAL ENTITY

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION

SCHEDULE B. Control and Ownership Information (The information submitted in this schedule should enable the Commission to identify all entities which either directly or indirectly control the applicant.)

SECTION I. Control and Ownership

1. The following information must be provided for the applicant; for each member or partner, if the applicant is an unincorporated association or partnership; and for each cable television owner or operator, if the applicant is a cooperative enterprise wholly owned by cable television owners or operators. Indicate the legal name; the type of entity (1 = Individual, 2 = Partnership, 3 = Corporation, 4 = Unincorporated Association, or 5 = Governmental Entity); and the Internal Revenue Service Employer Identification (E.I.) Number used by the entity (if the entity has no E.I. Number, use Social Security Number). If the entity is a nongovernmental corporation, indicate the state under whose laws the corporation is organized.

LEGAL NAME (If person, list last name first)			
Bell Atlantic Corporation			
CONTINUE NAME HERE IF NEEDED	ENTITY CODE ▶	E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPORATION ▶
	3	23-2259884	DE

Indicate applicant's members; partners; or owners (if a cooperative enterprise).

LEGAL NAME (If person, list last name first)			
CONTINUE NAME HERE IF NEEDED	ENTITY CODE ▶	E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPORATION ▶

LEGAL NAME (If person, list last name first)			
CONTINUE NAME HERE IF NEEDED	ENTITY CODE ▶	E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPORATION ▶

LEGAL NAME (If person, list last name first)			
CONTINUE NAME HERE IF NEEDED	ENTITY CODE ▶	E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPORATION ▶

(If additional space is needed, attach as Exhibit B-1 the requested information in the same format as above.)

	YES	NO
2. Is the applicant a cooperative enterprise wholly owned by cable television owners or operators?		X
3. Has the above-named applicant filed FCC Form 325 indicating all entities which either directly or indirectly control the applicant?		X
If "YES," no further items in this section need be answered.		
4. If the applicant is an unincorporated association or partnership, have the applicant's controlling members or partners filed FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling members or partners?		
N/A		
If "YES," attach as Exhibit B-2 a statement explaining which members or partners control the applicant; no further items in this section need be answered.		

YES NO

5. If the answer to item 2 is "YES," have the controlling owners or operators of the cooperative enterprise filed FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling owners or operators?

N/A

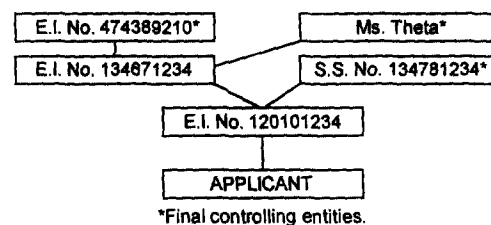
If "YES," attach as Exhibit B-3 a statement explaining which owners or operators control the applicant; no further items in this section need be answered.

6. If the applicant does not answer "YES" to item 3, 4, or 5:

Attach as Exhibit B-4 the information requested of the applicant in item one for each entity which either directly or indirectly controls the applicant. In addition, attach as Exhibit B-5 a detailed diagram of the "family tree" showing the direct or indirect control of the applicant, to and including the final controlling entity or entities. The final controlling entity or entities should be specifically identified.

EXAMPLE

If the applicant is controlled by Partnership Alpha (E.I. No. 120101234) which in turn is controlled by Corporation Beta (E.I. No. 134671234) and by Mr. Dee (who has no E.I. No., but Social Security No. 134781234); and finally Mr. Cay (E.I. No. 474389210) and Ms. Theta (who has no E.I. No. and has elected not to provide her Social Security No.) control Corporation Beta, the diagram would be depicted as shown on the right:



NOTE: Use the word "applicant," not the applicant's name. For controlling entities, use the E.I. No. If they have no E.I. No., use Social Security No. Use controlling entities name only if no E.I. No. or Social Security No. is given. Also, indicate the final controlling entities.

SECTION II. Assignment of Authorization or Transfer of Control

Indicate the name, mailing address, and telephone number of the licensee.

LEGAL NAME OF APPLICANT (If person, list name first.) GTE Media Ventures Incorporated				
CONTINUE NAME HERE IF NEEDED				
ASSUMED NAME USED FOR DOING BUSINESS (If any)				
MAILING STREET ADDRESS OR P.O. BOX 600 Hidden Ridge				
CITY Irving	STATE TX	ZIP CODE 75028	AREA CODE 972	TELEPHONE NO. 443-0418

Commission authorization is hereby requested for: (Check only one box)

☐ Assignment of CARS license.

☒ Transfer of control of CARS license.

Attached as Exhibit B-6 is a statement describing the proposed assignment or transfer of control. The assignment or transfer of control shall not be completed or become effective until authorization has been issued by the Commission.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE & IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

Signature

PRINT FULL NAME

William P. Barr

Date

9/30/98

(Check appropriate classification.)

☐ Individual Applicant

☐ Member of Applicant Partnership

☒ Officer of Applicant Corporation

☐ Officer of Applicant Association

☐ Official of Applicant Governmental Entity

Authorized Representative

LICENSES BEING TRANSFERRED

WLY-474 - Honolulu, Hawaii

WLY-476 - Honolulu, Hawaii

WLY-625 - Honolulu, Hawaii

WLY-626 - Honolulu, Hawaii

STATEMENT OF ELIGIBILITY

The applicant will be acquiring control of the licensee, which owns and operates a wireless cable system in Honolulu, Hawaii. Transmission capacity for the system is provided by various licensees of ITFS and MDS stations in Honolulu, Hawaii, with whom the licensee holds executed airtime lease agreements. Accordingly, pursuant to Part 78.13(d) of the Commission's Rules, applicant is eligible to hold the subject CARS licenses.

OWNERSHIP STRUCTURE

Bell Atlantic Corporation, the applicant, is not directly or indirectly controlled by any other entity.

OWNERSHIP CHART

Applicant

Bell Atlantic Corporation

E.I. No. 23-2259884

DESCRIPTION OF PROPOSED TRANSFER OF CONTROL

See the cover application for a description of the transaction.